

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90026 050 \*\*\*150.00

**DOCUMENT # 396892**

1. Entity Name

WALKER'S ROCK BOTTOM FARM, INC.



Principal Place of Business

99 ST. ANDREWS STREET  
QUINCY FL 32351  
US

Mailing Address

99 ST. ANDREWS STREET  
QUINCY FL 32351  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1389471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALKER, SARA  
RT 3 BOX 3510  
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

Walker, Sara

Street Address (P.O. Box Number is Not Acceptable)

99 St. Andrews St.

City

Quincy

FL

Zip Code  
32351

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete  
NAME WALKER, SARA J  
STREET ADDRESS 2621 OLD FEDERAL RD  
CITY-ST-ZIP QUINCY FL 32351

TITLE PD ☐ Delete  
NAME WALKER III, ISAAC W  
STREET ADDRESS 2621 OLD FEDERAL RD  
CITY-ST-ZIP QUINCY FL 32351

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD ☒ Change ☐ Addition  
NAME Walker, Sara J  
STREET ADDRESS 99 St. Andrews St.  
CITY-ST-ZIP Quincy, FL 32351

TITLE PD ☒ Change ☐ Addition  
NAME Walker III, Isaac W  
STREET ADDRESS 99 St. Andrews St.  
CITY-ST-ZIP Quincy, FL 32351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sara Jo Walker SARA JO WALKER

2-4-04

850-697-8854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #